	·		- BECEIVED	
	Application Number	10/015,158	CENTRAL FAX CENT	
	Filing Date	December 11, 2001  Dale Emerson Ray  JUN 1 5 200		
TRANSMITTAL	First Named Inventor			
FORM	Art Unit	2616		
(to be used for all correspondence after Initial filing)	Common Humo	Salman Ahmed		
Total Number of Pages in this Submission 3	Attorney Docket Number	CE04833N		
	ENCLOSURES	(check a	ll that apply)	
Fee Transmittal Form	Assignment Papers (for an Application)		llowance nunication to Group	
Fee Attached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences		
Amendment/Reply	Licensing-Related paper			
After Final	Petition .		Proprietary Information	
Affidavits/Declaration(s)	Petition to Convert to a Provisional Application	Status L	Status Letter with appropriate copies	
Extension of time Request	Power of Attorney, Revoce Change of Correspondence			
Express Abandonment Request	Address	Response to Restriction Requirement  Associate Power of Attorney  Transmittal Form		
Information Disclosure Statement	Terminal Disclaimer			
Certified Copy of Priority Documents	Request for Refund			
Response to Missing Parts/	CD, Number of CDs	-		
Incomplete Application	Remarks	•		
Response to Missing Parts Under 37 CFR 1.52 or 1.53			•	
	OF APPLICANT, ATTORN	NEY, OR AGENT	···············	
Firm or Individual Kevin D. Wills		Registration No.	43,993	
Signature La O.	Will			
Date June 15,2006		•		
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I hereby certify that this correspondence is being fa States Postal Service with sufficient postage therec Commissioner for Patents, P.O. Box 1450, Alexand	on, as first-class mail, in an enve	lope addressed to:	eposited with the United	
Typed or printed name V. Lynn Webb	ana, va 22010 til tile tidle listet	DGIUW.	<u> </u>	
- V. Lymi Vebb	\ \ \I		-	
Signature	1 )0 以	Date	June 15.2006	

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06-15-2006

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Confirmation No.: 6121

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES  Docket Numb CE04833N					
I hereby certify that this correspondence is being	In re Application of	Dale Emerson Ray			
deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P. O. Box 1450,	Application Number	10/015,158			
Alexandria, VA 22313-1450" on: June 15,2006	File Date	December 11, 2001			
Signature	Title	METHOD AND APPARATUS FOR ENABLING A COMMUNICATION RESOURCE RESET			
Typed or printed name V. Lynn Webb	Art Unit	2616	;		
	Examiner	Salman Ah	ımed		
Applicant hereby appeals to the Board of Patent Appe examiner.	eals and Interferences fro	om the last de	cision of the		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(	1))	\$	500.00		
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has already been authorized to charge fees in this application to a Deposit Account.  I have enclosed a Fee Transmittal in duplicate.					
X The Director is hereby authorized to charge any fees which may be required, or credit any over payment to Deposit Account Number 502117, Motorola, Inc. This document is enclosed in duplicate.					
A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.					
WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.					
I am the			•		
applicant/inventor.		2 D. Lee	<u></u>		
assignee of record of the entire interest.		Signa	ature		
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)		Kevin D. Wills Typed or printed name			
		ryped or pr	miled name		
X attorney or agent of record. Registration number 43,993			80-732-5364 phone number		
		ı ele	huone naimper		
Attorney or agent acting under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a).  June 15,2006			ine 15.2006		
NOTE: Signatures of all the inventors or assignees of recor	rd of the entire interest or t		Date		
Submit multiple forms if more than one signature is required  X * Total of forms are submitted.	d, see below*.	<del> </del>	<del></del>		
X * Total of forms are submitted.					

(SB/31 (04-05))

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